

Case Number:	CM15-0222039		
Date Assigned:	11/17/2015	Date of Injury:	05/28/2014
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/12/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Chiropractic

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 30 year old female who sustained an industrial injury on May 28, 2014. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include chronic pain syndrome secondary to lumbar radiculopathy due to lumbar disk herniation L4-5 with documented neural foraminal stenosis and nerve root compromise. In the provider notes dated October 12, 2015 the injured worker complained of constant, burning pain across both sides of low back with bilateral leg pain down to the calves and feet with numbness and weakness. Her pain is aggravated by standing, sitting, bending or twisting. She has difficulty standing or sitting for more than 15 minutes. She rates her pain 7 to 8 on the pain scale without medications and has trouble with activities of daily living. She has constant aching neck and upper extremity pain radiating into the shoulder and is aggravated by using her hands, arm or neck. She reports greater than 70% reduction in pain with pain medications. On exam, the documentation stated there was tenderness t palpation of the cervical spine and decreased range of motion. There was tenderness to palpation of the lumbar spine with decreased range of motion. Straight leg raise was positive bilaterally. The treatment plan includes medications and chiropractic care. A Request for Authorization was submitted for 12 additional chiropractic manip tx; SP 1-2 RGNS. The Utilization Review dated October 19, 2015 denied the request for 12 additional chiropractic manip tx; SP 1-2 RGNS.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient additional chiropractic sessions to lumbar spine 2 times a week for 6 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back/Manipulation.

Decision rationale: The patient has received chiropractic care for her lumbar spine injury in the past. The past chiropractic treatment notes are present in the materials provided and were reviewed. The total number of chiropractic sessions provided to date are reported to be 6. Regardless, the treatment records submitted for review do not show objective functional improvement with past chiropractic care rendered, per MTUS definitions. The MTUS Chronic Pain Medical Treatment Guidelines recommends additional care with evidence of objective functional improvement. The ODG Low Back Chapter also recommends 1-2 additional chiropractic care sessions over 4-6 months with evidence of objective functional improvement. The MTUS-Definitions page 1 defines functional improvement as a "clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.11; and a reduction in the dependency on continued medical treatment." There have been no objective functional improvements with the care in the past per the treating chiropractor's progress notes reviewed. I find that the 6 additional chiropractic sessions requested to the lumbar spine is not medically necessary and appropriate.